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People in Public Health

Expert hearings

PEOPLE IN PUBLIC HEALTH

A Study of Approaches to Develop and Support People In Public Health Roles

People in Public Health is a research study about approaches to develop and support lay people in public health roles. This summary report presents findings from a series of expert hearings held in 2008.

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It is actually about citizenship in a very broad way. It's about people being involved and taking a place in shaping what happens for themselves, for their families and their communities.

”

[Expert hearing 2]

- There are many good reasons for involving lay people in public health roles and lay people have something special to offer over and above what professionals can offer.
- Involving lay people offers a cost effective way for public health services to reach the right people and tackle health inequalities, but it is not cost free, as services need to support their volunteers.
- The way that health services work is a major barrier. Some health professionals feel threatened and do not understand what lay people can offer.
- Bureaucracy and red tape puts people off becoming involved and makes it difficult for organisations and professionals who are trying to support lay people.
- People tend to get involved gradually and welcome personal contact. There should be support for lay people when they first start out.
- The social aspects of volunteering are important and it can feel very rewarding to be part of something positive.
- Training can help prepare lay people for doing public health work but it needs to be flexible to cope with different learning needs.
- There is a need for guidance on expenses to avoid volunteers being out-of-pocket or worried about potential impact on their benefits.
- Long-term funding is needed for this type of work. Funding is too often short-term and people feel let down when initiatives come and go.
- There are links between involving lay people in delivery and communities being involved in health service planning. Some people may get involved via one activity and then move on to others. Ultimately, greater community input into services will make them more sustainable and accountable.





INTRODUCTION

People in Public Health is a national study that is looking at how volunteers and lay workers are involved in improving health in their communities

People in Public Health is a national study that is looking at how volunteers and lay workers are involved in improving health in their communities.

The study's main aim is to improve understanding of how to support lay people in their many and varied public health roles.

In June 2008, three expert hearings were held so that the research team could listen to the views of people with specialist knowledge or practical experience of working in this way. Fifteen experts were invited from around the country to talk about how and why lay people get involved in public health, why the work they do is important and what the main barriers are.

Our experts included lay people active in their communities, university researchers, people working in the health service (NHS), local government and the voluntary sector. While some talked about their experience of specific projects, others made more general points about services and support. All the expert hearings were held in public and there were opportunities for discussion.

This summary report presents the main findings relating to the key questions:

- **Why should public services bother involving lay people in public health roles? Why should lay people bother getting involved?**
- **What are the best approaches to involving lay people in public health? What works and what doesn't work?**
- **What are the challenges in involving lay people in developing and delivering public health activities? How do these challenges impact upon sustainability and practice?**
- **What should the government and public sector be doing to support local people to be active in their communities?**



KEY QUESTIONS & ANSWERS

Why bother involving lay people in public health? Why should lay people bother?

Many different reasons for involving lay people in public health work were put forward from the point of view of both professionals and lay people. There was broad agreement that lay people have something positive to offer public health and something that is very different from what professionals offer. We also heard how lay people can gain a lot from being involved.

Here are 10 reasons put forward by the experts:

- 1.**
Lay people are committed to their communities because they know what's needed and want to help in some way, or they want to give something back.
- 2.**
Lay people are known and trusted by their communities - they know what life is like for people on the ground.
- 3.**
Lay people have the potential to reach some communities that professionals cannot. They can present information and offers of support in an appropriate way because they know about local cultures.
- 4.**
Involving lay people in doing public health work is a good way to make sure programmes reach the right people. People may feel more confident to approach a lay person than a professional worker.
- 5.**
Professionals can learn from working with lay people.
- 6.**
Lay people can get a lot from taking part including more confidence and better self-esteem.
- 7.**
It can be very rewarding and enjoyable for lay people to play a part in creating positive change in their communities.
- 8.**
There are opportunities for lay people to learn new skills and get into training. In some cases it may lead to getting a job.
- 9.**
Involving lay people can lead to better health in the long term, through people adopting healthier lifestyles, accessing better social networks and having chances of employment. It is not always possible to measure these long term benefits.
- 10.**
It can make good financial sense to use the skills and resources in communities, but it should not be seen as a cheap option as services need to support their volunteers.



What approaches have been found to work?

What have not?

The expert hearings heard about a variety of different ways of involving lay people in public health roles, ranging from national programmes that involve a lot of people and have run for a number of years, like the Family Planning Association 'Speakeasy' scheme or the Expert Patients Programme, to smaller projects run in local areas. We asked the experts to share with us what was successful and what didn't work. These are not necessarily methods that would work every time, in every circumstance, but there were some common ideas around recruitment, training, incentives, support and management.

Recruiting people with local knowledge of their communities, what one expert described as "street intellect", is important. Shared experiences, commitment and down to earth attitudes of lay people were seen as more important than qualifications. The importance of bringing people in for what they can do, as opposed to what they cannot do, was also stressed.

Everybody who spoke about **training** stressed the importance of flexible, interactive courses that were fun and emphasised practical activities. Lay people should be helped to identify their own training needs and can be encouraged to look at other adult education courses, like computer skills or English as a second language. People without qualifications can be put off and it is important to have training at different levels so that people can get involved gradually.

The issue of **incentives and rewards** was touched on in all the hearings. Everybody agreed that providing opportunities to have fun, often through social activities, was extremely important. Professionals needed to make sure that there were systems for quick payment of out-of-pocket expenses because, as one audience member said: "we're dealing with people who've got no dosh at all so they can't lay out any money". Most programmes involved lay people as volunteers, but there were examples of where lay people were paid for their work. One expert thought payment meant people could be relied on to be there, whereas volunteers always had a choice. However another expert worried that paying people could alter their relationship with their own community.

Speakers talked about the importance of providing **ongoing support to lay workers** after their introductory training. An example was given where experienced volunteer mentors supported new volunteers. In contrast, some examples were given from national initiatives where health services were not fully prepared for giving lay people the right amount of support.

A strong theme was the importance of including lay people in developing activities. The Healthy Communities Collaborative in Gateshead was held up as an example where lay people were involved in teams with professionals, working together to plan, deliver activities and learn. This team approach gave lay people confidence when their work was recognised by others.

As well as practical ways to support lay people, many of the experts talked about how important it was to have working partnerships between health services, local councils, voluntary and other organisations. It was considered vital that local people were involved in those partnerships. Some of the experts who worked outside of the public sector thought that being independent from the NHS was useful as it gave them more freedom and flexibility.

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Why should we bother involving lay people in public health roles? I feel local residents are committed to developing their communities... The volunteers know the people involved and the needs of the area. It's all very well people coming in from outside and telling us what we need but actually you don't live it.

”

[Expert hearing 1]

What are the challenges in involving lay people in public health work?



There were many views heard about the challenges facing those professionals wishing to involve lay people, and the barriers experienced by lay people themselves.

These could be grouped into three themes:

- **The way that public sector organisations and staff work**
- **Gaps in support for lay people**
- **Barriers to involving lay people from communities that are seldom heard**

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It's health professionals, that's the biggest barrier. People can sometimes find peer support very threatening, it's almost like saying they're not doing their job properly and we're not saying that.

”

[Expert hearing 1]

Organisational culture, or in other words the way that services and their staff work, was seen as one of the biggest challenges to involving lay people in public health roles. The 'top down' nature of the NHS was a big issue. Local health organisations tended to be very focused on medical matters, which could be at odds with the priorities of their local communities. Getting health professionals onboard was seen as another major challenge as only a few 'got it' and sometimes they got moved on to other roles. Some experts thought that the attitudes of health professionals were the biggest barrier as lay people trying to do public health work were sometimes met with mistrust and suspicion.

The short-term nature of funding for projects involving lay people was seen as a problem. One community activist described her frustration when it takes eighteen months or so to get a project up and running and then the community find that the funding is gone: “why should they bother if they're going to do all this hard work and three years later, wham, it's gone”. People making decisions about funding wanted evidence of what works, but monitoring and evaluation requirements could be a burden for lay people. Evidence for this type of work was described as being “very patchy”, partly because measuring changes in communities was difficult. At each event, it was suggested change is both healthy and necessary, whether it is about working practices or who traditionally receives funding.

Expert witnesses from different backgrounds commented on the barriers facing lay people wanting to get involved. Health services were criticised for having too much bureaucracy which is difficult for lay people to get through. One expert was concerned that restrictions and red tape could scare away vulnerable groups, the very people they want to involve in the first place. The hearings also heard about one programme where local health services did not always have staff who were experienced in looking after volunteers. At the final hearing, there was a lively discussion about the need to provide suitable rewards for lay people, including volunteers, and the need for clarity in terms of any impact on those claiming benefits. Again this was acting as a barrier to the very people who might gain most from volunteering, such as those who are unemployed.

Recruitment of volunteers was identified as a key challenge at each event. The difficulty of getting people interested and involved was a common concern expressed by different experts including speakers active in their local community. There could be barriers trying to recruit people from more disadvantaged communities and it was sometimes difficult to recruit male volunteers and younger people. One expert spoke about the challenges involved in getting people into training courses whose first language was not English or who had poor experiences of education. Retaining volunteers was another issue. There were a variety of reasons why lay people might not stay on, including lack of time, demands of work and poor support. More positively lay people could move on because they found jobs.

What should the public sector be doing to support lay people?

A number of the experts commented on what needs to be done in local areas by the NHS or by local councils. There should be more local support for people wanting to become active in improving the health of their communities. For one community activist, this meant a person they could speak with face-to-face, rather than a list of telephone numbers. Making funding available for small community led projects was seen as a practical way to support this type of work.

Having local communities involved in planning and making decisions about health services was linked to lay people being involved in delivering those services. It was suggested that work with communities should be built into training for professionals. Speaking from a local government viewpoint, one expert emphasised that the value of lay people should be brought into different types of local policy making. Local councillors could be used as health champions since they are also lay people elected by their local communities to take a representative role.

There was a lot of discussion at the hearings about recent changes to how the NHS gives funds to support public health work (called World Class Commissioning). Although there was a risk that the same old patterns of funding would carry on, some experts suggested that there were better opportunities now for voluntary organisations and lay people to get funding to provide services. There was still a danger that only the big players would dominate precisely because those organisations were better able to compete.

A number of experts suggested that the government had to make a greater commitment to lay involvement in public health. One speaker forcefully stated that “the government need to make lay involvement a ‘must do’. As long as it’s just an ‘ought to do’, it might not get done”. There is also a need for a commitment to long term funding for this type of work.

A major issue raised in the hearings was the need for the government to sort out what to do about incentives for volunteering so that people would not have to worry about being out-of-pocket or losing benefits. There was a call for a national lead to sort out the clash between the benefits system and volunteers getting appropriate expenses.

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The other issue about volunteers is that very often services see them as a cheap option. Actually they shouldn't be a cheap option because you need a volunteer coordinator who's going to provide support for the volunteers and if you don't put in training then you're not going to get anywhere anyway. So there are issues about costs that again statutory services don't always recognise.

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[Expert hearing 1]



CONCLUSION

For more about the evidence given at the expert hearings:
www.leedsmet.ac.uk/piph

Overall, the expert hearings provided stimulating discussion on the opportunities and the challenges facing those involved in supporting lay people in public health roles.

The evidence from the experts illustrated a range of different approaches in public health practice and it was very useful to hear different experiences, both positive and negative. Alongside discussion around some of the difficulties, many examples of good practice were highlighted.

There is evidence that involving lay people in public health roles is an effective way of getting health messages and support directly to individuals and communities, however, it is vital that public services offer adequate support to volunteers and other lay workers.

More about the evidence given at the expert hearings can be found on the People in Public Health website:
<http://www.leedsmet.ac.uk/piph>

We would like to thank everyone who took part in the hearings, including the expert witnesses, the enquiry panel and members of the public who came to listen and take part in the discussions.



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It has traditionally been reliant on the drive and perseverance of committed individuals. If you look at the breastfeeding issue, breastfeeding peer support groups, it's a committed midwife or a committed health visitor who has driven that forward. It hasn't come strategically from the top tier of the PCT.

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[Expert hearing 3]



“

We mentioned funding for small community groups and what I've found really interesting from this is how people have come up through because they've started doing one small thing and it's grown and grown and that I think is crucial and we mustn't lose that small group funding.

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[Expert hearing 2]

What is an 'expert hearing'?

An expert hearing is a workshop in which people with different interests and backgrounds are given the opportunity to come together and share their experiences and knowledge. In the People in Public Health expert hearings, the experts presented evidence to an enquiry panel who were able to ask further questions.

What is a lay person?

A lay person is an umbrella term used to describe anybody who is not working as a professional. Sometimes the term is just used to mean people who volunteer, but it is also used to describe people who do not have professional qualifications or clinical training.

What is public health?

Public health aims to prevent disease, to improve health and well-being and to reduce inequalities in health. Public health work is done by health services (NHS) and also by local councils (local government) and voluntary organisations, like charities. Local communities and individuals have a key role to play in public health.



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You wouldn't believe how much street intellect is locked into these people... So it's employing people for what they can do.

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[Expert hearing 2]

Expert Witnesses

Michelle Atkin	Little Angels Breastfeeding Support
Gwyneth Baker and Pauline Vaughan	Thornhill Health & Wellbeing Project, Southampton
Paul Casey	Family Planning Association
Chris Drinkwater	Emeritus Professor of Primary Care Development, Northumbria University
Gwen Ellison	Health Trainer Hub, Northumberland Tyne-and-Wear
Stella Goddard	Natural England (submitted evidence)
Jon Hindley	Leeds Community Health Educators Programme
Liam Hughes	Improvement & Development Agency (IDeA)
Anne Kennedy	University of Manchester
Farzana Latif	Independent Consultant in Public Health
Jenny Scott	Springhead Tenants' & Residents' Association
Penny Spring	Nottinghamshire County PCT
Jo Stott	Hull tPCT
Shelina Visram	Northumbria University
Maggie Woodward, Maureen Middleton, Pat Nesbitt and Lesley Watts	Health Communities Collaborative, Gateshead

Enquiry Panel Members

Mark Gamsu (Chair)	Public Health Group, Government Office, Yorkshire and Humber
Nurjahan Ali Arobi	Bradford and Airedale tPCT
Peter Branney	Leeds Metropolitan University
Sonia Dent	Community volunteer, Bradford
Angela Meah	Leeds Metropolitan University
Pinki Sahota	Leeds Metropolitan University
Jan Smithies	Bradford and Airedale tPCT
Jane South	Leeds Metropolitan University



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What needs to be in place is a system to support these people during that process, and not just people on incapacity benefit but all people, so they can start by volunteering as a way back into employment. They need to be supported in having an additional allowance rather than losing any of their benefits. Because there need to be incentives to encourage people to volunteer and not barriers, which seems to be what's there at present.

”

[Expert hearing 3]

People in Public Health is a partnership between:

Leeds Metropolitan University
Bradford and Airedale teaching Primary Care Trust
Regional Public Health Group, Department of Health,
Government Office, Yorkshire & Humber

Disclaimer

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Email: piphproject@leedsmet.ac.uk
Freephone: 0800 7311 170

www.leedsmet.ac.uk/piph

